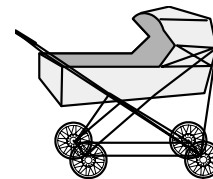




IDAHO WIC PROGRAM
HEALTH and DIET
INFANT (0-12 months)



FORM 134E (4/99)

Baby's Name	Age	Client #
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OPTIONAL

DIRECTIONS: Please answer the questions on the front and back. Your answers will help us determine your baby's health and nutrition needs for WIC. All information is confidential.

WIC USE ONLY
computer fields
DOB
Ht/Lgth
Wt
Hgb/Hct
PROT
CALC
IRON
VITC
VITA
Brth Lgth
Brth Wt
Ever BF: Y N U
Start Formula
Stop BF
Why
RISK FACTORS

1. Who is your baby's doctor? _____
2. Is your baby up to date on shots? **yes no**
- (37) 3. What was your baby's due date? _____
4. **What date was your baby born?** _____
5. **How long was your baby at birth?** _____ inches
- (27/34) 6. **What was your baby's birth weight?** _____
- (28/45) 7. Describe any health problems your baby has (do not include colds and flu).
(90/91/93) _____
8. **Was your baby ever breastfed?** **yes no**
9. **At what age did your baby first have formula?** _____
10. **At what age did your baby stop breastfeeding?** _____
11. **Why did you stop or decide not to breastfeed?** _____
- (46) 12. Check any vitamins, medicine, or herbals your baby takes: **herbal name:** _____
none iron fluoride vitamins medicine name: _____
13. Do you have any concerns about the way your baby eats? _____
14. If your baby uses formula, what brand and type of formula?
Enfamil powder
ProSobee concentrate
Other: _____ **ready-to-feed**
- (46) 15. Do you refrigerate open cans of concentrate formula? **yes no**
16. Check any of these your baby drinks:
(46) **cow's milk raw milk (fresh from cow) goat's milk none**
17. What do you put in baby bottles for your baby? (Mark any that apply.)
breast milk formula plain water
cow's milk (46) jello or Karo water (36) soda pop (36)
cereal (46) juice (36) tea (46)
18. How do you warm baby food and bottles? _____
- (46) 19. Do you prop the bottle to feed your baby? **yes no**
- (36) 20. Does your baby take a bottle to bed? **yes no**
- (46) 21. Do you use an infa-feeder to feed your baby? **yes no**
- (46) 22. Does your baby use a pacifier dipped in honey or sugar? **yes no**
- (36) 23. Does your baby drink from a cup? **yes no**
- (46) 24. Do you add salt, sugar, or honey to your baby's food? **yes no**

24 HOUR DIET RECALL

INFANT

" Write everything your baby had to eat or drink the day before your appointment.

If this is not the way your baby usually eats, write the foods your baby would usually eat in 24 hours.

" Be very specific and write one food per line. See the example below.

[illegible]

Client _____ WIC Staff _____
Name: _____ Signature (CPA): _____ Date: _____